

DISADVANTAGED BUSINESS ENTERPRISE ANNUAL UPDATE

This annual update form is required by Indiana Department of Transportation in order to keep your DBE eligibility status. **When submitting this form you are required to enclose your Board of Director's Meeting Minutes (if Incorporated), Balance Sheets & Income Statements, Federal Income Tax Returns (Business & Personal), Personal Net Worth Statement, and any other documentation that supports the reported changes on this form.**

GENERAL INFORMATION

Name of Firm:		
Street Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Owner of Firm:	Email:	
Telephone Number:	Fax Number:	
Describe the primary business activity of the firm:		
Person preparing this application:		Title:

OWNERSHIP

Items such as amendments to any corporate by-laws or partnership agreements, transfers or issuance of stock, changes in management personnel or corporate officers, etc. should be enclosed. Note: failure to disclose all information concerning the control and ownership of the firm may lead to decertification of the firm.

Attach additional sheets if necessary.

Have there been any changes in the ownership structure of the company in the past year?		YES	NO
Please check what structure the company is currently using below.			
Sole Proprietorship	Partnership	Corporation	Other _____

List equipment purchased or leased in the past year with value greater than \$1,000.00

Type of Equipment	Make	Model	Year	Date Acquired	Present Value

List five largest contracts completed in past year.

Owner/Contractor	Phone	Contract Amount	Project Name/Location	Type of Work Performed

PERSONAL NET WORTH INFORMATION

Have you acquired any personal assets or liabilities in the last year? YES NO
 If answered "YES", list details below: **Note: Attach proof of change in assets or liabilities.**

Description	Acquired/Sold	Names on Assets	Liabilities Against Asset	Value of Asset

CERTIFICATION AFFIDAVIT

I/We, the undersigned officers of the afore-mentioned firm agree to the following conditions:

To abide by all of the rules and regulations governing the certification process hereafter.

To notify the department within thirty days of any change in the ownership, control, management or status as an on-going concern. (Note: If, after filing this annual update, and prior to the expiration of your certification, there is any change in the ownership and/or management of this firm, you must notify the Indiana Department of Transportation Department in writing within thirty days after the change. Failure to comply with this requirement may lead to a loss of certification.)

That the department has the right to conduct an on-site review of the firm's operations, as well as, audit and examine the company's books and review contracts, company structure, facilities and to request whatever additional information it deems necessary from time to time, in order to monitor the status of the company, if the firm is certified by the department as a bona-fide disadvantaged owned and controlled company.

Furthermore, the undersigned, swear under oath, the foregoing statements and application contents are true and complete, and include all material and information necessary to identify the firm as a Disadvantage Business Enterprise with the Indiana Department of Transportation, as well as identifying all current owners, directors, officers, or members of the firm.

That the department may automatically deny or rescind certification after applying its own procedures and may automatically deny or rescind certification if, during or after the certification process, it finds that the undersigned have submitted false, inaccurate, or misleading information.

Any material omission or misrepresentation will be grounds for terminating the eligibility of this firm as a certified or qualified DBE, as well as any contract which may have been awarded under those programs, and for initiating action under Federal and/or Indiana civil and/or criminal laws concerning false affidavits, false statements or declarations, perjury, fraud, stealing by deceit, or other applicable offenses. (Making a false affidavit is a Class D felony. See Indiana Code § 35-44-2-1 (2006)).

*Signature
Printed Name
Title
Date

Signature
Printed Name
Title
Date

*Must be signed by at least one officer if a corporation; one disadvantaged partner if a Partnership; or the proprietor if a Sole Proprietorship.

NOTARY PUBLIC

State of _____)
County of _____) SS.

On this _____ day of _____, 20____, before me appeared _____

(Affiant(s)) who, being duly sworn, did execute the foregoing affidavit, and did affirm under penalty of perjury to being properly authorized by the above-named DBE firm to execute this Affidavit, and that Affiant(s) did so as a free act and deed.

Signed, _____, Notary Public.

My Commission expires:



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others	\$
IRA or Other Retirement Account	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments \$	
(Complete Section 8)		Installment Account (Other)	\$
Stocks and Bonds	\$	Mo. Payments \$	
(Describe in Section 3)		Loan on Life Insurance	\$
Real Estate	\$	Mortgages on Real Estate	\$
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$	Unpaid Taxes	\$
Other Personal Property	\$	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$
Other Assets	\$	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$
Total	\$	Net Worth	\$
		Total	\$

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets.	(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes.	(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities.	(Describe in detail.)

Section 8. Life Insurance Held.	(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE NOTE:	The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.
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